09291

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH:

County Anne Arundel

City or town Near Glen Burnie, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Anne Arundel,

City or town Near Glen Burnie-Severn P.O.
(If outside city or town limits, write RURAL and give nearest town)

Street No. Quarterfield Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Mary E. Anderson (Nee Griffith)

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Married

6.(b) Name of husband or wife Edward S. Anderson

6.(c) If alive, give age 73. years

7. Birth date of deceased (mo., day, yr.) October 19 - 1862

8. AGE:

Years	Months	Days	If less than one day
78	11	4	hrs. min.

9. Birthplace Anne Arundel Co
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business own Home

FATHER
12. Name C. Robert Griffith
13. Birthplace Anne Arundel Co.

MOTHER
14. Maiden name Mary Sappington
15. Birthplace Anne Arundel Co

16. Informant Mrs Mary Brooks.

Address 2320 Harlem Ave. Balto, Md.

17. Burial. Date thereof Sept 25, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Friendship.

Location Anne Arundel Co.

18. Funeral director Thomas W. Singleton

Address Glen Burnie, Md.

19. Sept 24 1940 Mrs DeAlba Dep. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH September 23 1940 at 1005a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 18 1940 to Sept 23 1940 and that I last saw her alive on Sept 23-1940 19

Immediate cause of death Broncho Pneumonia

Due to Uremia

Due to Cardio Vascular Renal Disease.

Other conditions Cerebral Artery Sclerosis.
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jos B Lipsky M.D.
Odenton Md M. D. or other

Address Date signed Sept 23-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

09292

Reg. Dist. No. 21

1. PLACE OF DEATH:
County: Anne Arundel County
City or town: Sabine Cottage, Riva
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 months
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 2823 St. Paul Street
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Berl B. Beck

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife: Anne C. Beck
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 5, 1868

8. AGE: Years	Months	Days	If less than one day
71	11	27	hrs. min.

9. Birthplace: Martinsburg, West Virginia
(Town, county, and state)
10. Usual occupation: Yard master, retired
11. Industry or business: B & O Railroad

FATHER
12. Name: John Beck
13. Birthplace: West Virginia

MOTHER
14. Maiden name: Annie May Buckles
15. Birthplace: Maryland

16. Informant: Mr. Lewis Beck
Address: 2823 St. Paul St., Baltimore, Md.

17. burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 5, 1940 (month) (day) (year)
Cemetery or crematory: Rosedale Cemetary
Location: Martinsburg, West Virginia

18. Funeral director: Wm. J. Tickner, and Sons
Address: Baltimore, Md.

19. 9/4/40 (Date rec'd by registrar)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 2 1940, at 8-45 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept 1 1940, to Sept 2 1940
and that I last saw h... alive on Sept. 2 1940

Immediate cause of death	DURATION
Coronary occlusion	
Due to: Generalized arteriosclerosis	2
diabetis mellitus.	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Samuel Bosmuch M.D.
M. D. or other
Address: Hotel Md. Bld. Annapolis Md. Date signed: 9/3/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 9 1940
BUREAU W.S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (1648)

09293

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH:
County: Anne Arundel
City or town: off Crystal Beach
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? couple of hours.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland. County: Maryland.
City or town:
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Arnold P.O.
(If rural, give LOCATION)
2.(a) If veteran, name war: None. -

3.(a) FULL NAME: George Berger.

3.(b) Social Security Number: Do Not Know of Any

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Single

6.(b) Name of husband or wife: None.
6.(c) If alive, give age: — years
7. Birth date of deceased (mo., day, yr.): unknown -

8. AGE:	Years	Months	Days	If less than one day
about	43	—	—	hrs. min.

9. Birthplace: Balto (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: odd Jobs. —
FATHER
12. Name: John M. Berger
13. Birthplace: Maryland.
MOTHER
14. Maiden name: Mary Barshock
15. Birthplace: Poland
16. Informant: Mrs Elsie Knapp
Address: 536 N. Brice St. Balto.
17. Burial (Burial, cremation, or removal. Which?) — Date thereof: Sept. 13, 1940. (month) (day) (year)
Cemetery or crematory: Marley Church yard
Location: Anne Arundel County.
18. Funeral director: Thomas W. Singleton
Address: Glen Burnie, Md.
19. Sept 13 1940 (Date rec'd by registrar) Mrs DeAlba Dep Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 9 1940, at about 9.30 P M
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from — 1940, to — 19
and that I last saw h — alive on — 19
Immediate cause of death: Drowning - Possible Suicide
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
DURATION: Sudden
Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Oliver Purvis Deptg Examiner M. D. or other
Address: Annapolis Md Date signed: 9/12/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 24 1940
BUREAU V. M.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

(92d)

Registered No. 09294 23

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Widemeyer's Farm

(c) Hospital or institution: Glenburnie A. A. Co. Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Annaundal

(c) City or town Glenburnie (If outside city or town limits, write RURAL and give town)

(d) Street No. ✓ (If rural give location)

(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) **FULL NAME** James Bowles.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Annie Bowles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1897

8. AGE: Years 43 Months 3 Days 5 If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Farm Laborer

11. Industry or business

FATHER 12. Name —

13. Birthplace Unknown

MOTHER 14. Maiden Name —

15. Birthplace

16 (a) Informant Glayds Bowles (D)

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19-40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Ct

Location Balto City

18 (a) Funeral director Isaiah L. Brown & Co

(b) Address 108 W Montgomery St

19 (a) 9/19/40 (Date rec'd by registrar) (b) McDeAlba Dep Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 — 16th 1940, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1940, to Sept 16 1940 and that I last saw him alive on Sept 15th 1940.

Immediate cause of death Endocarditis; Chronic.

Due to ✓ Duration: several years

Due to ✓

Other Conditions Alcoholism

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James C. Carfur M. D.

Address 1916 S. Sharp St. Date signed

VS 3

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

09295

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Annapolis (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? unknown
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Anne Arundel
City or town: Annapolis Md. (If outside city or town limits, write RURAL and give nearest town)
Street No.: 2 College Creek Terrace (If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME Thomas O. Bryan

3. (b) Social Security Number 213-18-0893

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	Married

6.(b) Name of husband or wife: Mary B. Bryan
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug 18, 1875

8. AGE: Years	Months	Days	If less than one day
65 yrs	3 mos	4	hrs. min.

9. Birthplace: (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:
FATHER 12. Name: Thomas Bryan
FATHER 13. Birthplace: Galesville Md.
MOTHER 14. Maiden name: Sally Boyd
MOTHER 15. Birthplace: Galesville Md.
16. Informant: Mary B. Bryan
Address: 107 Clay St.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 16 1940 (month) (day) (year)
Cemetery or crematory: Brewhill
Location: On Washington Rd Rt side
18. Funeral director: Chas. H. Alexander
Address: 43-45 Northwest St. Annapolis Md.
19. 9-14-40 (Date rec'd by registrar) J. [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9-12-40 at 1:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 31st 1940 to Sept 12th 1940 and that I last saw him alive on Sept 12th 1940

Immediate cause of death	DURATION
Cerebral Apoplexy	One day
Due to: Arterial Hypertension	3 months
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: P. H. Richardson M. D. or other
Address: Annapolis Md. Date signed: 9/13/40

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (14)

CERTIFICATE OF DEATH

09296

Reg. Dist. No. 22

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Jessup, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Maryland House of Correction

Stay in hospital or inst. (yrs., or mos., or days) XXXXX 6-7-39

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1426 Mosher St.
(If rural, give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: William J. Butler

3. (b) Social Security Number: 214-16-5424

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife: XXXX

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 8, 1921

8. AGE:

Years	Months	Days	If less than one day
19	1	25	2 hrs. 15 min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: ~~Laborer~~ Laborer

11. Industry or business

FATHER
12. Name: ~~Unknown~~ Theo Butler.
13. Birthplace

MOTHER
14. Maiden name: Ida Butler
15. Birthplace: 1426 Mosher St. Balto, Md.

16. Informant: Ida Butler
Address: 57 Saratoga. Balto, Md

17. Burial (Burial, cremation, or removal. Which?) LAUREL (Date thereof) Sept 4-40 (month) (day) (year)
Cemetery or crematory: Howard Colored Cemetery.
Location: Baltimore Md.

18. Funeral director: Samuel W Chase & Son
Address: 638 N Gilmore St. Balto.

19. Sept 2 1940 Clara M Haslup
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 2nd, 1940, at 2.15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 17th 1940, to Sept, 2nd 1940, and that I last saw him alive on Sept. 2, 1940 19____.

Immediate cause of death	DURATION
Tuberculous Meningitis	5/16/40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: M. R. Tennyst, M.D.
M. D. or other
Address: Jessup, Md. Date signed 9-2-40

Cemetery changed from Mt. Calvary to Laurel at the request of D. W. Close and his

RECEIVED
OCT 7 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09297

47-6

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 26

Village or City Deale No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Homer Collins

(a) Residence: No. Deale, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Fritts Collins

6. DATE OF BIRTH (month, day, and year) August 16, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	—	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Construction

10. Date deceased last worked at this occupation (month and year) Jan. 1940

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) Washington (State or country) District of Columbia

FATHER

13. NAME Homer Krum

14. BIRTHPLACE (city or town) Washington (State or country) District of Columbia

MOTHER

15. MAIDEN NAME Martha Emma Schaff

16. BIRTHPLACE (city or town) Washington, (State or country) District of Columbia

17. INFORMANT Walter Russell Collins

(Address) 1321 Kenyon St., Washington, D. C.

18. BURIAL, CREMATION, OR REMOVAL

Place Rock Creek Date Sept 5, 1940

19. UNDERTAKER S. H. Hines

(Address) 2901 14th St. Wash D C

20. FILED Sept 7, 1940 D. B. Dent, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September (Month) 2, (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July, 1940, to Sept. 2, 1940

I last saw him alive on Aug 31, 1940; death is said to have occurred on the date stated above, at 4:38 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchogenic Carcinoma	8 mos.
Other Contributory Causes of Importance:	

Name of operation Date of

What test confirmed diagnosis? X-rays Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify

(Signed) Samuel M. Reichel M.D. M. D.

(Address) 1 Munroe Court, Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Woodruff
Lyclusphs.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-d)

Reg. Dist. No. 23

69298

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County A. A.

(b) City or town Linthicum — (Andover Rd.)
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: White Ave and Homeland Pk.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 1940

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County A. A. Co

(c) City or town Homeland Park
(If outside city or town limits, write RURAL and give town)

(d) Street No. White Ave
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Sarah Treasa Collison

3 (b) If veteran, name war: no

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Oct. 16 - 1876

8. AGE: 63 Years 65 | Months 11 10 | Days 30 | If less than one day _____ hr. _____ min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual occupation House keeper

11. Industry or business Cigar Maker - until 1915

FATHER
12. Name Edward W. Collison
13. Birthplace Carrol Co. Md.

MOTHER
14. Maiden Name Mary Ann Keane
15. Birthplace Ireland

16 (a) Informant Elizabeth J. Collison
(b) Address Linthicum

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9/21/40 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Western
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) 18 Sep. 1940 (Date rec'd by registrar) (b) Lowell Woodruff Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 17 1940, at 9:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1938, to Sept. 17 1940, and that I last saw him alive on Sept. 17 1940.

Immediate cause of death	Duration
Cardio-Vascular disease (Died suddenly)	9-17-40
Due to	
Due to	
Other conditions Arteriosclerosis	1936

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Chas. L. Ball Jr. MD
M. D. or other

Address Linthicum Md Date signed 9-17-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (89a)

09299

CERTIFICATE OF DEATH

Reg. Diat. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Annapolis Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Annapolis Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1203 West St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Rachel Katherine Conroy

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: James W. Conroy

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec 15th 1860

8. AGE:

Years	Months	Days	If less than one day
79	9	24	..... hrs. ..... min.

9. Birthplace: Annapolis Md.

(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER

12. Name: Thomas Parkinson

13. Birthplace: Annapolis Md.

MOTHER

14. Maiden name: Josephine Frazier

15. Birthplace: Annapolis Md.

16. Informant: Josephine Woolley

Address: 1203 West St. Annapolis Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 10-1940 (month) (day) (year)

Cemetery or crematory: St Marys

Location: Annapolis Md.

18. Funeral director: John M. Taylor

Address: Annapolis Md.

19. 8 9 1940 (Date rec'd by registrar) J. H. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 8 1940 at 3 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 2 1940, to Sept 8 1940

and that I last saw h... alive on Sept 7 1940

Immediate cause of death: Cerebral Hemorrhage — DURATION: 5 day

Due to: Arterio Sclerosis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. H. Murphy M. D. or other

Address: Annapolis Md. Date signed: 8 9 40

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (35-a)

CERTIFICATE OF DEATH

09300

Reg. Dist. No. 2-1

1. PLACE OF DEATH:

County Anne Arundel

City or town Annapolis, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Five (5) hours

Hospital, Institution, or street address where death occurred:
U.S.Naval Hospital, Annapolis, Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Anne Arundel

City or town Landfall

(If outside city or town limits, write RURAL and give nearest town)

Street No. Box #382

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME DEEM, Joseph Mason

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Enid H. Deem

6.(c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) November 9, 1888

8. AGE: Years	Months	Days	If less than one day
51	10	13	..... hrs. ..... min.

9. Birthplace Delhi, Ohio
(Town, county, and state)

10. Usual occupation Retired Naval Officer

11. Industry or business None

FATHER 12. Name Mason Deem

13. Birthplace Virginia

MOTHER 14. Maiden name Stella Specht

15. Birthplace Memphis, Tennessee

16. Informant Enid H. Deem

Address Landfall, Annapolis, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 25-1940 (month) (day) (year)

Cemetery or crematory Arlington National Cemetery

Location Arlington, Virginia

18. Funeral director J.M. Taylor Annapolis, Md.

Address 147 Duke of Gloucester, St.

19. 9-24 1940 (Date rec'd by registrar) J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 22 1940 at 10:48 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 22, 1940 to ..... 19.....

and that I last saw him alive on September 22 1940

Immediate cause of death	DURATION
Hemorrhage, Cerebral	5 hrs.
Due to	
Due to	
Other conditions Arterial Hypertension	Indefinite.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE. Howard H. Montgomery, Comdr. (MC) USN.
M. D. or other

Address U.S.Naval Hospital Date signed 9-23-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (170-e)

09301

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Annapolis
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days): 7 hrs.
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 2915 Rockrose Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Samuel Garfield

3. (b) Social Security Number: 212-18-0477

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Rose
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): 1905
8. AGE: 35 Years | Months | Days | If less than one day ____ hrs. ____ min.
9. Birthplace: Russia (Town, county, and state)
10. Usual occupation: Taxi Driver
11. Industry or business:
FATHER 12. Name: Solomon Garfield
13. Birthplace: Russia
MOTHER 14. Maiden name: Lena Judea
15. Birthplace: Russia
16. Informant: Harry Garfield
Address: 848 W. Baltimore St.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 15 40 (month) (day) (year)
Cemetery or crematory: Heber Washington Rd Cemetery
Location: Washington Blvd.
18. Funeral director: Sol Levinson & Bros
Address: 1124-26 W North ave Baltimore
19. 9 14 1940 (Date rec'd by registrar) J J Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 13 1940, at 3 45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 13 1940, to Sept 13 1940, and that I last saw him alive on Sept 13 1940.

Immediate cause of death: Surgical shock and internal injuries — DURATION: Sudden
Due to: Automobile Accident.
Due to:
Other conditions: Crushed pelvis, broken back. — Sudden
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of: Sept 13/40
Where did injury occur? Ritchie Highway near Winchester (City or town) AA Co (County) Md (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Automobile Injured at work?

23. SIGNATURE: J Oliver Purvis Acting D.M.E. M. D. or other
Address: Annapolis Md Date signed: Sept 13/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

09302

Reg. Dist. No. 21

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Weems Creek, R.F.D.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Anne Arundel
City or town: Weems Creek, R.F.D.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Thomas Luther Gladden

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Blanche R. Gladden
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 6, 1861

8. AGE: Years	Months	Days	If less than one day
79	4	15	hrs. min.

9. Birthplace: Mt. Crawford, Va. (Town, county, and state)
10. Usual occupation: Professor at St. John's College
11. Industry or business

FATHER
12. Name: Adam Gladden
13. Birthplace: Mt. Crawford, Virginia

MOTHER
14. Maiden name: Catherine Lidsay
15. Birthplace: Mt. Crawford, Virginia

16. Informant: Blanche R. Gladden
Address: Weems Creek, A. A. Co. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: September 23, 1940 (month) (day) (year)
Cemetery or crematory: Asbury M.E. Cemetery
Location: Arnold, A. A. Co. Maryland

18. Funeral director: John M. Taylor
Address: 147-9 Gloucester St. Annapolis, Md.

19. 9 22 1940 (Date rec'd by registrar) J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 20, 1940 19 at M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept. 4, 1940 to Sept 20 1940
and that I last saw h... alive on Sept 20 1940

Immediate cause of death	DURATION
Acute Dilatation of the Heart	Hours
Due to: Myocarditis (Chronic)	2 Yrs.
Chronic Interstitial Nephritis	2 Yrs.
Due to:	
Other conditions: Enlarged Liver and Spleen (Lues ? Cord ? Tabes ?)	10 Yrs.

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Albert L. Anderson M. D. or other
Address: Albert L. Anderson Date signed: 9/20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 5 1940
BUREAU V. S.

09303

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1700)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel Co.

City or town: Annapolis, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 day

Hospital, institution, or street address where death occurred: West St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: A. A. Co.

City or town: Harwood
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Roy Grimes

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White .	Married

6.(b) Name of husband or wife: Emma Roberta Grimes

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec. 1, 1896

8. AGE: Years	Months	Days	If less than one day
44	9	16	..... hrs. ..... min.

9. Birthplace: A. A. Co. Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: John W. Grimes
13. Birthplace: A. A. Co. Md.

MOTHER
14. Maiden name: Anna Virginia Hardy
15. Birthplace: A. A. Co. Md.

16. Informant: Emma R. Grimes

Address: Harwood, A. A. Co. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 20th 1940 (month) (day) (year)

Cemetery or crematory: Harwood Cemetery

Location: Mt. Zion

18. Funeral director: Mr. John M. Taylor

Address: ~~9 19 40~~ Annapolis, Md.

19. 9 19 1940 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 18 1940 at 11 35 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h ..... alive on ..... 19.....

Immediate cause of death	DURATION
Fracture Base of Skull	Sudden
Due to: Auto Accident	"
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: Sept 18/40

Where did injury occur? Ipo Rd Annapolis (City or town) AA (County) Md. (State)

Injured at home, farm, industry, public place (where?): Highway

Means of injury: Automobile Injured at work?

23. SIGNATURE: J. Oliver Purvis Deputy Med. Ex. M. D. or other

Address: Annapolis Md Date signed: 9/18/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 27 1940
BUREAU V. S

STATE OF MARYLAND—CERTIFICATE OF DEATH

09304

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 27

Village or City Ft Geo G Meade, Md. No. Station Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where deeth occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Roberta Harbold If U. S. Veteran, specify WAR

(a) Residence: No. ... St., ... Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year) Sept 21, 1940

7. AGE Years	Months	Deys	If LESS then 1 day, ... hrs. or ... min.
Stillbirth Pregnancy,	9 months		

OCCUPATION

8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.

10. Dete deceased lest worked at this occupation (month end year)

11. Totel time (years) spent in this occupetion

12. BIRTHPLACE (city or town) Ft Geo G Meade, Md.
(Stete or country) Anne Arundel

FATHER

13. NAME Robert Patterson Harbold

14. BIRTHPLACE (city or town) Dillsburg
(Stete or country) Pa.

MOTHER

15. MAIDEN NAME Florence Hamilton Murphy

16. BIRTHPLACE (city or town) Washington, D.C.
(Stete or country)

17. INFORMANT Robert Patterson Harbold
(Address) Ft Geo G Meade, Md.

18. BURIAL, CREMATION, OR REMOVAL Burial
Piece Ft Geo G Meade, Md. Date Sept 23, 19 40

19. UNDERTAKER Post Quartermaster
(Address) Ft Geo G Meade, Md.

20. FILED Sept 21, 19 40 W. P. Card
D.P.CARD, Colonel, MC, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 21, 1940
(Month) (Dey) (Yeer)

22. I HEREBY CERTIFY, That I ettended deceesed from ..., 19..., to ..., 19...

I lest sew h... alive on ..., 19...; deeth is seid to heve occurred on the dete steted ebove, et ... m.

The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:

	Dete of onset
Internal hydrocephalus	
Other Contributory Causes of Importence:	

Neme of operation ... Dete of ...

Whet test confirmed diegnosis? ... Wes there an autopsy? No

23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Dete of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Menner of injury ...

Neture of injury ...

24. Wes diseese or injury in any wey releted to occupetion of deceased? ...

If so, specify ...

(Signed) Hugh L. Prather HUGH L. PRATHER, Major, MC M. D.

(Address) Ft Geo G Meade, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09305

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH:

County Anne Arundel

City or town Bristol Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Anne Arundel

City or town Bristol Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME (Infant) Hardisty

3. (b) Social Security Number None

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced +

B (b) Name of husband or wife x

6(c) If alive, give age x years

7. Birth date of deceased (mo., day, yr.) Sept 9, 1940

8. AGE: Years / Months / Days — still born — If less than one day ___ hrs. ___ min.

9. Birthplace Bristol A A Co Md

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Ernest Hardisty

13. Birthplace Calvert Co Md

MOTHER 14. Maiden name Gertrude Perrie

15. Birthplace Prince George Co

16. Informant Ernest Hardisty

Address Bristol Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 10th 1940 (month) (day) (year)

Cemetery or crematory Smithville Md

Location Calvert County

18. Funeral director Ernest Hardisty

Address Bristol Md

19. Sept 10 1940 (Date rec'd by registrar) H. R. Clayton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1940, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death Still born

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Reverdy Sasscer M. D. or other

Address Upper Marlboro Md Date signed 9/9/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

CERTIFICATE OF DEATH

09306

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County A. A.
City or town Edgewater
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County A. A.
City or town Edgewater Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Louise Harris

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Fem	Colored	widow

6 (b) Name of husband or wife William Harriet
6(c) If alive, give age about 80 years

7. Birth date of deceased (mo., day, yr.) June 10 1869

8. AGE: Years	Months	Days	If less than one day
71	4	9	hrs. min.

9. Birthplace Calvert Co.
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business
FATHER 12. Name Joshua Harris
13. Birthplace Calvert Co.
MOTHER 14. Maiden name Mary Cook
15. Birthplace Calvert Co
16. Informant Joseph Harris
Address 1630 W. Baker st Baltimore, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 20 1940 (month) (day) (year)
Cemetery or crematory Cooksie Chapel
Location Calvert Co
18. Funeral director J. B. Johnson
Address Annapolis
19. 9 21 1940 (Date rec'd by Registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 19 1940 at 10.45 A.M. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 16 1940 to Sept 19 1940 and that I last saw h-- alive on Sept 18 1940.

	DURATION
Immediate cause of death Uremia	2 days
Due to Chronic interstitial nephritis.	
Due to Ovarian cyst indefinite. C.W.S.R.	
Other conditions Hypertension	5 Wks

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Lawrence W. Greene M.D.
M. D. or other
Address Annapolis, Md. Date signed 9/20/40

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

09307

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Annapolis
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 weeks
Hospital, Institution, or street address where death occurred: 20 Fleet st.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Anne Arundel
City or town: Annapolis
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 20 Fleet St
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Janis Jennet Henson

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col.	

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 4, 1940

8. AGE: Years | Months: 2 | Days: 6 | If less than one day: hrs. min.

9. Birthplace: Annapolis Anne Arundel Co. Md. (Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Bernard Edward Henson
13. Birthplace: Browns Woods, Md.

MOTHER
14. Maiden name: Consola Anderson
15. Birthplace: Browns Woods Md.

16. Informant: Consola Henson
Address: 20 Fleet st Annapolis Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 2, 1940 (month) (day) (year)
Cemetery or crematory: Broadneck Cemetery
Location: on Severn side

18. Funeral director: Chas. H. Sleigander
Address: 43 and 45 Northwest st. Annapolis Md.

19. 10 2 1940 J. J. Murphy Jr. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 30 1940 at 7:20? M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 28. 1940 to Sept 30 1940
and that I last saw her alive on Sept. 30 1940

Immediate cause of death	DURATION
Broncho - pneumonia	2 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Lawrence W. Greene M. D. or other
Address: Annapolis Date signed: 10/2/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
OCT 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09308

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S.No. 1

1. PLACE OF DEATH

(70)

County Anne Arundel — Registration Dist. No. 21

Village or City Crownsville State Hospital — No. ____ St., ____ Ward

Crownsville, Maryland

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. 4 mos. 14 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME William Henson

If U. S. Veteran, specify WAR ____

(a) Residence: No. Taylors Island, Maryland St., Dorch Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, and year) Sept. 29, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	11	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year) --

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) Taylors Island (State or country) Maryland

FATHER

13. NAME Joseph Dunnock

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sophia Henson

16. BIRTHPLACE (city or town) Taylors Island (State or country) Maryland

17. INFORMANT Hospital Records (Address) Crownsville, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Hospital Cemetary Date 9/16 - 40, 19

19. UNDERTAKER Supt. (Address)

20. FILED 9/16 40 E. T. Joyce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 12 40
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 28 40, to Sept. 12 40

I last saw him alive on Sept. 11 40; death is said to have occurred on the date stated above, at 7 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Right side of heart failure	unk.
Dthar Contributory Causes of importance:	
Marasmus, Ricketts	unk.

Name of operation none Date of --

What test confirmed diagnosis? -- Was there an autopsy? yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? -- Date of injury -- , 19--

Where did injury occur? --
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
--

Manner of injury --

Natura of Injury --

24. Was disease or injury in any way related to occupation of deceased? no

If so, spacify

(Signed) G. O. Faubert M.D. M. D.

(Address) Crownsville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED OCT 5 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09309

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (88-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Stony Beach (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 months

Hospital, institution, or street address where death occurred: 4 months

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No. 114 West Randall St (If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Louis Hipchen

3.(b) Social Security Number: 212-05-4645

4. Sex: Male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: married.

6.(b) Name of husband or wife: Mary Hipchen

6.(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): Oct. 15. 1880

8. AGE: Years 59 | Months 10 | Days 20 | If less than one day ..... hrs. ..... min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Machinist

11. Industry or business: Gas + Electric Co.

FATHER 12. Name: Frederick Hipchen

13. Birthplace: Germany

MOTHER 14. Maiden name: Dorothea Hammer

15. Birthplace: Germany

16. Informant: Mrs. Wilhelmina Deck

Address: Stony Beach, Curtis Bay P.O., Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 7, 1940 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: Anne Arundel Co

18. Funeral director: A. Howard Evans

Address: 1400-02 S. Charles St., Balto., Md

19. 9-4 1940 (Date rec'd by registrar) L. A. Brix Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 4 1940, at 3:45 A.M.

21. I CERTIFY that death occurred on the date above stated: ~~[illegible]~~ Post mortem examination

~~and that I last saw h..... alive on~~ ..... 19.....

Immediate cause of death	DURATION
Cerebral Hemorrhage	sudden
Due to: Arterio-sclerosis	not known
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.: —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?): — —

Means of injury: — — Injured at work? —

23. SIGNATURE: John M. Claffy Deputy medical examiner M. D. or other

Address: Annapolis Md Date signed: 9/4/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(I)

RECEIVED
SEP 9 1940
BUREAU V. S.

09310

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Deale, Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 to 5 months

Hospital, institution, or street address where death occurred: Mitwell Rd

How long in hospital or institution? ~~Tacoma Park~~

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington (If outside city or town limits, write RURAL and give nearest town)

Street No.: 1445 Otis St. N.W. (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: James H. Holmes

3. (b) Social Security Number: None

4. Sex: male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: bill of separation

6.(b) Name of husband or wife: Gertrude Holmes

6.(c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): June 16, 1880

8. AGE: Years: 60 Months: 2 Days: 20 If less than one day: ..... hrs. ..... min.

9. Birthplace: Kittyhawk, North Carolina (Town, county, and state)

10. Usual occupation: Manager

11. Industry or business: Real Estate

FATHER

12. Name: Nelson Holmes

13. Birthplace: North Carolina

MOTHER

14. Maiden name: Annie C. Midgett

15. Birthplace: N. Carolina

16. Informant: John W. Holmes

Address: Deale, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 11th 1940 (month) (day) (year)

Cemetery or crematory: Arlington Nat Cemetery

Location: Arlington Va

18. Funeral director: Martin W. Hysong Co.

Address: 1300 "N" St. N.W. Wash. D.C.

19. Sept 9 1940 (Date rec'd by registrar) H. R. Clayton Dep Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 9 1940 at 12:20 P.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ Post mortem examination ~~and that last saw~~ ~~alive on~~ Sept 9 1940

Immediate cause of death: Suicide

Due to: by fire-arms

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Suicide Date of: 9/9/40

Where did injury occur? Deale (City or town) A.A. (County) Md (State)

Injured at home, farm, industry, public place (where?): in vacant houses on Mitwell Road

Means of injury: Colt 38 - Injured at work?

23. SIGNATURE: John M. Claffy Deputy Medical Examiner M. D. or other

Address: Annapolis Md Date signed: 9/9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 26 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

09311

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Camp Parole
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Camp Parole
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Defense Highway
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Cora Elizabeth Hopkins

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Robert M. Hopkins

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 12th 1885

8. AGE: Years: 55 Months: 5 Days: 1 If less than one day ..... hrs. ..... min.

9. Birthplace: Anne Arundel Co Md.
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER
12. Name: Wm F. Leitch
13. Birthplace: A. A. Co Md.

MOTHER
14. Maiden name: Jane Wells
15. Birthplace: A. A. Co Md.

16. Informant: Robert M. Hopkins
Address: Camp Parole A. A. Co Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Sept 15th 1940
(month) (day) (year)

Cemetery or crematory: Edward's Chapel

Location: Camp Parole A. A. Co Md.

18. Funeral director: John M. Taylor
Address: Annapolis Md.

19. 9/13 1940
(Date rec'd by registrar)
J. J. [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 13 1940 at 3:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1, 1940 19..., to Sept 13 1940 and that I last saw her alive on Sept. 13, 1940

Immediate cause of death: 1) Acute Dilatation of the heart

Due to: 2) Diabetes Mellitus
3) Myocarditis

Due to: 4) Gangrene of the left foot

Other conditions

(Include pregnancy within 3 months of death)

DURATION
Immediate
Jan Sund 1939
Sept Aug 1940
Aug 1940

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Albert L. Anderson M. D. or other

Address: Annapolis, Md. Date signed 9/13/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(I)

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-a)

09312

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Anne Arundel Co
City or town: Annapolis
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Unknown
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Anne Arundel
City or town: Annapolis
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 10 Northwest M.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Elnora Jennings

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col.	Married

6.(b) Name of husband or wife: Edward Jennings
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug 23 1864

8. AGE: Years	Months	Days	If less than one day
56 yrs		23	hrs. min.

9. Birthplace: West River Md (Town, county, and state)
10. Usual occupation: Laundress
11. Industry or business

FATHER
12. Name: Thomas Edward Johnson
13. Birthplace: West River Md.

MOTHER
14. Maiden name: Meliah Hall
15. Birthplace: West River Md.

16. Informant: Florence Brown
Address: 110 Calvert St Annapolis Md

17. (Burial, cremation, or removal. Which?) Burial
Date thereof (month) (day) (year): Sept. 19, 1940
Cemetery or crematory: Brewer Hill
Location: On Washington Rd outside Annapolis Md

18. Funeral director: Chas. H. Alexander
Address: 43-45 Northwest St Annapolis Md.

19. 9-19-40 (Date rec'd by registrar)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 16 1940 at 10 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept 8 1940, to Sept 16 1940
and that I last saw h[illegible] alive on Sept 15 1940

Immediate cause of death	DURATION
Bronchial Pneumonia	3 days
Due to	
Aortic Lesion	1 week
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Ambrose Garcia M.D.
M. D. or other
Address: Annapolis Md. Date signed: 9-16-40

RECEIVED
OCT 5 1940
BUREAU V. S.

09313

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Annapolis Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 76 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Annapolis Md
(If outside city or town limits, write RURAL and give nearest town)

Street No. 105 Lafayette Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Edward Jewell

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife: Mary Dadds Jewell

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feby 1st 1864

8. AGE:

Years	Months	Days	If less than one day
76	7	23	..... hrs. ..... min.

9. Birthplace: Annapolis Md.
(Town, county, and state)

10. Usual occupation: Merchant, Grocery, Ret.

11. Industry or business

FATHER
12. Name: Joseph H. Jewell
13. Birthplace: Annapolis Md.

MOTHER
14. Maiden name: Mary Hopkins
15. Birthplace: Annapolis Md.

16. Informant: Frank Jewell
Address: North West St. Annapolis Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 28th 1940 (month) (day) (year)

Cemetery or crematory: St Annis

Location: Annapolis Md.

18. Funeral director: John M. Taylor
Address: Annapolis Md.

19. 9-27th 1940 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 25 1940 at 5 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 5 1940 to Sept 25 1940 and that I last saw him alive on Sept 23 1940

Immediate cause of death: Coronary Thrombosis — DURATION: Sudden

Due to: Arterial hypertension — Several yrs.

Due to: Cr. myocarditis with fibrillation — Months

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. Oliver Purvis M. D. or other

Address: Annapolis Md. Date signed: Sept 26/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(M) (I) (T)

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (92b)

09314

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Annapolis
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Anne Arundel
City or town: Annapolis
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 106 Calvert St.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Rebecca Johnson

3. (b) Social Security Number: None

4. Sex: Female
5. Color or race: Col.
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband ~~or wife~~:
6.(c) If alive, give age ___ years
7. Birth date of deceased (mo., day, yr.): Dec. 31 1883

8. AGE: Years: 56 yrs. Months: 9 Days: 29 If less than one day ___ hrs. ___ min.

9. Birthplace: Anne Arundel
(Town, county, and state)
10. Usual occupation: House wife
11. Industry or business
FATHER
12. Name: Thomas Johnson
13. Birthplace: West River
MOTHER
14. Maiden name: Deliah Hall
15. Birthplace: West River
16. Informant: Etheldra Johnson
Address: 106 Calvert St
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 2, 1940 (month) (day) (year)
Cemetery or crematory: Brewer Hill
Location: On Washington outside Annapolis
18. Funeral director: Chas. H. Alexander Md.
Address: 43-45 Northwest St Annapolis Md.
19. 10 2 1940 (Date rec'd by registrar) J J Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 29 1940, at 8 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 10 1940 to Sept 29 1940 and that I last saw her alive on Sept 28 1940
Immediate cause of death: Mitral Regurgitation — DURATION: 1 Month
Due to:
Due to: Unknown
Other conditions:
(Include pregnancy within 3 months of death)
Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Ambrose Garcia MD M. D. or other
Address: 35 Northwest St Date signed: 9.30.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 5 1940
BUREAU V. S.

09315

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: near Annapolis 2nd district
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 years

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: near Annapolis 2nd dist
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Smithville St.
(If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (a) FULL NAME: William Jones

3. (b) Social Security Number: None

4. Sex: male

5. Color or race: negro

6.(a) Single, married, widowed, or divorced: widower

6.(b) Name of husband or wife: Georgiana Jones

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec. 19. 1871

8. AGE: Years 69 | Months 8 | Days 20 | If less than one day ..... hrs. ..... min.

9. Birthplace: Mayo, Maryland
(Town, county, and state)

10. Usual occupation: Farm laborer

11. Industry or business: General farming

FATHER
12. Name: Richard Jones
13. Birthplace: Anne Arundel Co., Md

MOTHER
14. Maiden name: Susan West
15. Birthplace: Anne Arundel Co., Md

16. Informant: Eva Wallace

Address: Smithfield St. 2nd dist A.A. Co.

17. Burial (Burial, cremation, or removal. Which?) R.F.D. #1, 263 Annapolis Md. Date thereof: Sept 11/40 (month) (day) (year)

Cemetery or crematory: Brewer Hill

Location: Annapolis Md

18. Funeral director: B. L. Hopkins

Address: Annapolis Md

19. 9 11 1940 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 9 1940 at 8:05 A.M.

21. I CERTIFY that death occurred on the date above stated; ~~[illegible]~~ Post mortem examination ~~[illegible]~~ Sept. 9 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	sudden
Due to Arterio-sclerosis	6 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work? .....

23. SIGNATURE: John M. Claffy Deputy medical examiner M. D. or other

Address: Annapolis, Md Date signed: 9/9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 5 1940
BUREAU V. S.

09316

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (184)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
County: Anne Arundel
City or town: near Gibson Island
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? ½ day
Hospital, Institution, or street address where death occurred: Chesapeake Bay
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore, Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. 528 N. Elwood Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3. (a) FULL NAME: Edmond C. Kazmierowski.

3. (b) Social Security Number: 215-12-5976

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Single

6.(b) Name of husband or wife: None
6.(c) If alive, give age: — years
7. Birth date of deceased (mo., day, yr.): November 3, 1921

8. AGE: Years 18 | Months 10 | Days 6 | If less than one day ..... hrs. ..... min.

9. Birthplace: Baltimore, Md
(Town, county, and state)
10. Usual occupation: Acetylene welder.
11. Industry or business: Glen L. Martin Co.

FATHER
12. Name: Chester Kazmierowski
13. Birthplace: Poland.

MOTHER
14. Maiden name: Helen Suska
15. Birthplace: Poland.

16. Informant: Chester Kazmierowski
Address: 528 N. Elwood Ave. Balto. Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Sept. 14-1940 (month) (day) (year)
Cemetery or crematory: Holy Rosary
Location: Baltimore Co.

18. Funeral director: John M. Weber
Address: 401 S. Chester St. Balto. Md

19. Sept 10 1940 (Date rec'd by registrar) McDeaiba Dep Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 9 1940, at ..... M

21. I CERTIFY that death occurred on the date above stated; ~~[illegible]~~ Post-mortem examination 19..... ~~[illegible]~~ Sept. 9. 1940

Immediate cause of death: Bullet-wound in chest

Due to: Accidental cause. Bullet from 22. Colt automatic pistol-Woodsman type.

~~Due to~~

Other conditions:

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: ..... Date of op. .....

Autopsy results: Finding at inquest: Accidental.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Still pending investigation Date of: Sept. 9 '40
Where did injury occur? near Gibson Island A.A. Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?): Chesapeake Bay
Means of injury: Bullet from automatic pistol Injured at work? no Deputy medical examiner

23. SIGNATURE: John McClaffy M. D. or other
Address: Annapolis. Md. Date signed: .....

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 13 1940
BUREAU V. S.

09317

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel Co.

City or town: Eastport
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 78 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: A. A. Co.

City or town: Eastport, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 533 2nd. Eastport, Md.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

WILLIAM THOMAS KELLY

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Mary E. Kelly

6.(c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.): May 6, 1862

8. AGE: Years	Months	Days	If less than one day
78	4	15	hrs. min.

9. Birthplace: Sommerset, County, Md.
(Town, county, and state)

10. Usual occupation: Capt. of a Schoomer

11. Industry or business

FATHER
12. Name: William T. Kelly
13. Birthplace: Sommerset, Co, Md.

MOTHER
14. Maiden name: Sarah Evans
15. Birthplace: Sommerset Co. Md.

16. Informant: Mary E. Kelly
Address: 533 2nd. St. Eastport, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Sept. 24, 1940
(month) (day) (year)

Cemetery or crematory: Cedar Bluff Cemetery

Location: Annapolis, Md.

18. Funeral director: John M. Taylor
Address

19. 9-24th 1940
(Date rec'd by registrar)

J. J. Murphy
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 22 1940, at 4 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 21 1940, to Sept 22 1940 and that I last saw him alive on Sept 22 1940

Immediate cause of death	DURATION
Acute Dilatation of Heart	Sept 21
Due to Chr. Myocarditis	unknown
Due to Arbor Fibrosis	unknown
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: George C Bowl
M. D. or other

Address: Annapolis Md Date signed 9-23-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

09318

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Millersville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 64 years
Hospital, institution, or street address where death occurred:
Crain Highway
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Anne Arundel
City or town: Millersville
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Crain Highway
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Joseph Kostkowski

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife: Mary Kostkowski
6.(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): March 2 1872

8. AGE: Years	Months	Days	If less than one day
68	6	2	...hrs. ...min.

9. Birthplace: Poland (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: General farming

FATHER
12. Name: Stanislaus Kostkowski
13. Birthplace: Poland.

MOTHER
14. Maiden name: Barbara (not known)
15. Birthplace: Poland

16. Informant: Mrs. Mary Kostkowski
Address: Millersville, Md

17. (Burial, cremation, or removal. Which?) Burial Date thereof (month) Sept (day) 7th (year) 40
Cemetery or crematory: Holy Cross Cemetery
Location: Brightseat
18. Funeral director: Stephen J. Kostkowski
Address: 7000 S. Kenwood Ave. Chicago Ill.
19. Sept 5 1940 (Date rec'd by registrar) E T Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 4 1940, at 8:30 M

21. I CERTIFY that death occurred on the date above stated; ~~that I last attended deceased from~~ Post-mortem to examination. ~~and that I last saw deceased on~~ Sept 4 1940

Immediate cause of death	DURATION
Coronary Occlusion	sudden
Due to: Arterio-Sclerosis	6 years
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: / Date of op.: /
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: / Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John M. Clagett Deputy Medical Examiner M. D. or other
Address: Annapolis, Md Date signed: 9/4/40

RECEIVED
SEP 13 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09319

1054

1. PLACE OF DEATH

County A A County — Registration Dist. No. 21

Village or City Arnold Md — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Eddy C. Leech — If U. S. Veteran, specify WAR — Md.

(a) Residence: No. Arnold Md. St., — Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Hazel H Leech — Deceased

6. DATE OF BIRTH (month, day, and year) May 23 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	65	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Clerk

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. B&O Ry Co.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George J Leech

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Susie Stevens

16. BIRTHPLACE (city or town) (State or country) Queen Anne Co Md.

17. INFORMANT (Address) Mrs Norman Brooks Arnold Md.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 9/7 1940

19. UNDERTAKER William Cook (Address) 1217 St Paul St.

20. FILED 9 4 1940 J J Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 9 (Month) — 4th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 28th 1940 to Sept 4th 1940

I last saw him alive on Sept 4th 1940; death is said to have occurred on the data stated above, at 11:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	3 months
Dther Contributory Causes of Importance:	
Chronic Arthritis	9 years

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury —

Natura of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) J E Russell M. D.

(Address) Earlport, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (98-a)

09320

CERTIFICATE OF DEATH

Reg. Dist. No. 20

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County aa

City or town Friendship

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County aa

City or town Friendship Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Mary Leitch. LEITCH

3. (b) Social Security Number None

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced W

6 (b) Name of husband or wife Marion Leitch

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23 1862

8. AGE: Years 78 Months 1 Days 27 If less than one day hrs. min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER 12. Name John Wells

13. Birthplace Md

MOTHER 14. Maiden name Susie Paddy

15. Birthplace Md

16. Informant Mrs N. Prouty

Address Friendship Md

17. Burial Date thereof Sept 21-1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Friendship.

Location A. G. Co. Md

18. Funeral director Robert Hood.

Address Friendship. Md

19. Sept 19th 1940 H. R. Clayton

(Date rec'd by registrar) Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19th 1940 (24 hr.)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1929 to Sept 1940

and that I last saw her alive on Sept 19 1940

	DURATION
Immediate cause of death Cerebral hemorrhage	30 min
Due to Hypertension	5 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. M. Ward M. D. or other

Address Emory Md Date signed 9/19/40

RECEIVED
OCT 7 1940
BUREAU V. S.

09321

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (86)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Annapolis
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 year

Hospital, institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution? Pronounced dead on arrival

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Annapolis
(If outside city or town limits, write RURAL and give nearest town)

Street No. 11½ College Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Louis A. Mathews.

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Negro

6.(a) Single, married, widowed, or divorced: —

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): August 28, 1939

8. AGE: Years 1 | Months | Days 8 | If less than one day ..... hrs. ..... min.

9. Birthplace: Annapolis, Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Eustace P. Mathews
13. Birthplace: Shady Side, Md.

MOTHER
14. Maiden name: Margaret Diggs
15. Birthplace: Annapolis, Md

16. Informant: Eustace P. Mathews

Address: 11½ College Ave, Annapolis Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 6, 1940 (month) (day) (year)

Cemetery or crematory: Brew Hill

Location: Outside of Annapolis

18. Funeral director: Charles H. Alexander

Address: 45 North West Street

19. 9-6 1940 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 4 1940, at 8:40 p M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ Post-mortem examination ~~and that last saw him on~~ Sept. 4 1940

Immediate cause of death: Convulsions — DURATION: sudden

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: John M. Claffy Deputy medical examiner M. D. or other

Address: Annapolis Md Date signed: 9/4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 5 1940
BUREAU V. S.

Birth says June 5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-2)

09322

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Morris Hill - Brooklyn P.O.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Balto - Annapolis Blvd

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 3 3/4 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: A.A.

City or town: Morris Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Balto - Annapolis Blvd
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Barry Warner Moore

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: none

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 5, 1940

8. AGE: Years 0 | Months 3 | Days 25 | If less than one day ____ hrs. ____ min.

9. Birthplace: Morris Hill, Md.
(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER
12. Name: Joseph Moore
13. Birthplace: Clinton S.C.

MOTHER
14. Maiden name: Lenora Brooks
15. Birthplace: Morris Hill, Md.

16. Informant: Mrs. Joseph Moore
Address: Morris Hill, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 10 - 1 - 40 (month) (day) (year)

Cemetery or crematory: Mt Calvary Ct

Location: Anne Arundel Co Md

18. Funeral director: Isaiah L. Brown & Son

Address: 108 W Montgomery St

19. 10/1 1940 (Date rec'd by registrar) Mrs. Alba Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 29, 1940, at 1:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 28, 1940, to Sept. 29, 1940, and that I last saw him alive on Sept. 28, 1940.

Immediate cause of death: Broncho-pneumonia — DURATION: 3 days

Due to

Due to

Other conditions: Congenital heart disease (type undetermined) — 3 3/4 months
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Harry M. Moore M.D. (M. D. or other)

Address: Glen Burnie, Md. Date signed: Sept. 29, 1940.

VS A15 (T) (I) (C) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 16 1940
BUREAU V. S.

09323

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Crownsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
Crownsville State Hospital
How long in hospital or institution? 10 months, 15 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore City
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Unknown
(If rural, give LOCATION)
2.(a) If veteran, name war: ---

3.(a) FULL NAME: WILLIAM NEAL #2 (FRED GANTS)

3.(b) Social Security Number: ---

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	black	Unknown

6.(b) Name of husband or wife: ---
6.(c) If alive, give age: ---- years

7. Birth date of deceased (mo., day, yr.): 1907

8. AGE: Years	Months	Days	If less than one day
33	Unknown		.....hrs. .....min.

9. Birthplace: Unknown
(Town, county, and state)
10. Usual occupation: Unknown
11. Industry or business: Unknown
FATHER 12. Name: Unknown
13. Birthplace: Unknown
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown
16. Informant: Hospital Records
Address: Crownsville, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/27-40 (month) (day) (year)
Cemetery or crematory: Hospital
Location: Crownsville Md.
18. Funeral director: Supt.
Address:
19. 9/22-40 (Date rec'd by registrar) 19.... E. F. Stoltz Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 22nd 1940 at 1:20 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 7th 1939 to Sept. 22nd 1940
and that I last saw him alive on Sept. 22nd 1940

Immediate cause of death	DURATION
General paralysis of the insane	
Due to	
Due to	
Other conditions: Hypertension	

(Include pregnency within 3 months of death)
Major findings of operations: ---
Date of op.
Autopsy results: ---
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: --- Date of: ---
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work? ----

23. SIGNATURE: Harold P. Shirkey M. D. or other
Address: Crownsville, Maryland Date signed 9/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

09324

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH:

County: a.a.

City or town: Near Woodwardville Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 28

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: a.a.

City or town: Near Odenton Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. — (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Susie Parker

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~: Wm E. Parker

6(c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): unknown

8. AGE: Years: about 75 Months: unknown Days: If less than one day: hrs. min.

9. Birthplace: Chesterfield Md (Town, county, and state)

10. Usual occupation: House work

11. Industry or business: —

FATHER 12. Name: unknown

13. Birthplace: unknown

MOTHER 14. Maiden name: Percella Green

15. Birthplace: unknown

16. Informant: Booker Parker

Address: Odenton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 6 1940 (month) (day) (year)

Cemetery or crematory: Old Forks Patuxent

Location: Near Woodwardville Md

18. Funeral director: Ridgly Selby.

Address: 401 Wash. ave Laurel Md

19. Sept 5 1940 (Date rec'd by registrar) W. L. Jones D.L. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 4 1940, at 7a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 1st 1940, to Aug 4 1940, and that I last saw her alive on Aug. 4 1940.

Immediate cause of death: Cerebral hemorrhage

Due to: Hypertensive heart disease

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

DURATION: 1st attach 4 yrs ago 2nd 4 days

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: — Date of: —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: — Injured at work?

23. SIGNATURE: G. E. Lancaster Md M. D. or other

Address: Bowie Date signed: Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 28 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (740)

09325

CERTIFICATE OF DEATH

Reg. Dist. No. 23 -

1. PLACE OF DEATH:
County: Anne Arundel Co.
City or town: Linthicum Hts. -
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: -
Stay in hospital or inst. (yrs., or mos., or days): -
Stay in this community (yrs., or mos., or days): 25 yrs -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Anne Arundel Co
City or town: Linthicum Hts. Ward No. -
(If outside city or town limits, write RURAL NEAR and give town)
Street No. -
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No -

3. (a) FULL NAME: Charles Montgomery Rhoden.

3. (b) Social Security Number: No -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male.	White	Married

6.(b) Name of husband or wife: Grace C. Rhoden
(Nee Ray) 6(c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): Dec. 8, 1869 -

8. AGE:

Years	Months	Days	If less than one day
70	9	17	- hrs. - min.

9. Birthplace: Baltimore Md.
(Town, county, and state)
10. Usual occupation: Musician (Retired)
11. Industry or business: Playing violin.
FATHER 12. Name: John Peter Rhoden.
13. Birthplace: Baltimore Md.
MOTHER 14. Maiden name: Emma Cullem.
15. Birthplace: Baltimore Md
16. Informant: Mrs. Grace C. Rhoden.
Address: Linthicum Hts. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 24, 1940 (month) (day) (year)
Cemetery or crematory: Friendship Cem -
Location: Friendship M. E. Church.
18. Funeral director: Thomas W. Creighton
Address: Elkridge Md.
19. Sept 24 1940 (Date rec'd by registrar) M R Talbot Dep Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 22nd 1940, at 9:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1938, to Sept 22 1940, and that I last saw him alive on Sept 22. 1940.

Immediate cause of death	DURATION
Coronary Thrombosis	40 months
Due to Arteriosclerosis	2 years
Chronic Myocarditis	2 years
Due to -	
Other conditions -	

(Include pregnancy within 3 months of death)
Major findings:
Of operations: None.
Of autopsy -

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide - Date of -
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury - Injured at work?

23. SIGNATURE: James S. Bellingolia M.D.
M. D. or other
Address: Elkridge, Md. Date signed: Sept 23, 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1L

6981

RECEIVED
OCT 5 1940
BUREAU V. S.

Mrs Rhodes first husband
was Mr Proggins of
Glen Burnie
Her maiden name was
Grace Ray

C.W.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

09326

CERTIFICATE OF DEATH

Reg. Diat. No. 20

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Davidsonville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: A. Ae.
City or town: Davidsonville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: James A. Spriggs

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	Widowed

B (b) Name of husband or wife: Harriett Creek Spriggs
B(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan 15 1871

8. AGE:

Years	Months	Days	If less than one day
69	8	11	hrs. min.

9. Birthplace: West River Md (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business
FATHER 12. Name: Wesley Spriggs
13. Birthplace: West River Md
MOTHER 14. Maiden name: Unknown
15. Birthplace: "
16. Informant: Mary Green
Address: Davidsonville Md
17. Burial (Burial, cremation, or removal, Which?) Date thereof Sept. 30-1940 (month) (day) (year)
Cemetery or crematory: Davidsonville Church Cem
Location: Davidsonville Md
18. Funeral director: J. A. Hardesty & Son
Address: Galesville Md.
19. Sept 28 1940 Carrie J. Smith (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 26 1940, at 8 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-11 1940 to 9-26 1940, and that I last saw him alive on 9-25 1940.

Immediate cause of death	DURATION
Cerebral hemorrhage	2 wks.
Due to Cerebral arteriosclerosis	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Ot operations:
Dt autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W. F. Figlar M. D. or other
Address: Davidsonville, Md. Date signed 9-28-40

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

09327

Reg. Dist. No. 21

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Crownsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Crownsville State Hospital
How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore City
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 1707 Prestman Street
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: ROBERT TABB

3. (b) Social Security Number: -------

4. Sex: Male
5. Color or race: black
6.(a) Single, married, widowed, or divorced: single
6.(b) Name of husband or wife: ------
6.(c) If alive, give age: --- years
7. Birth date of deceased (mo., day, yr.): 1905

8. AGE: Years: 35 Months: Unknown Days: If less than one day: hrs. min.

9. Birthplace: Unknown (Town, county, and state)
10. Usual occupation: None
11. Industry or business: ------
FATHER 12. Name: Unknown
FATHER 13. Birthplace: Unknown
MOTHER 14. Maiden name: Unknown
MOTHER 15. Birthplace: Unknown
16. Informant: Hospital Records
Address: Crownsville, Maryland
17. burial (Burial, cremation, or removal. Which?) Date thereof: 9/27/40 (month) (day) (year)
Cemetery or crematory: Mt Calvary
Location: A.A.Co.
18. Funeral director: George Kelson
Address: 1303 Pressmant St Balto
19. 9/26 1940 (Date rec'd by registrar) E F Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 25th 1940 at 2:45A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 22nd 1940 to Sept. 25 1940 and that I last saw him alive on Sept. 25th 1940
Immediate cause of death: Chronic myocarditis
Due to:
Due to:
Other conditions: Epilepsy
(Include pregnancy within 3 months of death)
DURATION
Major findings of operations: -----
Date of op.
Autopsy results: -----
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ---- Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ------
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Crownsville, Md. Date signed: 9/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94@

09328

CERTIFICATE OF DEATH

Reg. Dist. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Anne Arundel

City or town Sandy Side, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Anne Arundel

City or town Rural, Davidsonville P.O. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) If VETERAN, NAME WAR

3. (a) FULL NAME Thomas Preston Wayson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Edith Lundeland Wayson

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4. 1869

8. AGE:

Years	Months	Days	If less than one day
70	9	26	hrs. min.

9. Birthplace Bristol, Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Louis Preston Wayson

13. Birthplace Md Kindrec

MOTHER 14. Maiden name Elizabeth Achsah Simmons

15. Birthplace Churchton, Md

16. Informant Mrs. James Linton

Address Shadyside, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10 2 1940 (month) (day) (year)

Cemetery or crematory Mt Zion cemetery

Location Mt Zion, Md

18. Funeral director F. A. Hardesty & Son

Address Balsville, Md.

19. Oct 2 1940 (Date rec'd by registrar) D. B. Dent Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 30 1940, at 2:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 2nd 1940, to Sept 30 1940, and that I last saw h alive on Sept 30 1940.

Immediate cause of death

Coronary Thrombosis — 7 Days

Cerebral Thrombosis — 30 Days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F B Dent M. D. or other

Address Lothian, Md Date signed Oct 1, 1940

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09329

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr. 1 mo. 1 day

Hospital, Institution, or street address where death occurred: Crownsville State Hospital

How long in hospital or institution? 1 yr. 1 mo. 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No. 837 Hanford ave. (If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME Wallace Young

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	Widower

6.(b) Name of ~~husband or~~ wife: Unknown

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): 1895 ?

8. AGE: Years	Months	Days	If less than one day
45 ?	?	?	...hrs. ...min.

9. Birthplace: South Carolina (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: General

FATHER — 12. Name: Willis Young

FATHER — 13. Birthplace: Unknown

MOTHER — 14. Maiden name: Alice ,

MOTHER — 15. Birthplace: Unknown

16. Informant: Hospital Records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/10/40 (month) (day) (year)

Cemetery or crematory: Mt Auburn

Location: Baltimore City.

18. Funeral director: Mrs. Robert A. Elliott Daughter

Address: 1179 N. Caroline St. Baltimore

19. 9/8-40 (Date rec'd by registrar) 19... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 8. 1940, at 3 15 p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 7. 1939, to Sept. 8. 1940

and that I last saw him alive on Sept. 8. 1940

Immediate cause of death	DURATION
General Paralysis of the Insane	Unknown
Due to	
Due to	
Other conditions: arteriosclerosis	Unknown

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Herbert P. Simpson M. D. or other

Address: Date signed

RECEIVED
OCT 5 1940
BUREAU V. ST